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John Bowlby's theory of affectional bonding and the reformulated learned helplessness theory of depression were integrated into a multivariate model in order to expand the breadth of current attributional theories of depression. This retrospective study focused upon the quality of parent-child relations, the types of discipline parents employed, and the quality of peer affectional systems in relation to attributional style and depression. The sample consisted of 132 undergraduate students who completed the Beck Depression Inventory (BDI), the Attributional Style Questionnaire (ASQ), and the Attachment History Questionnaire (AHQ). The results indicated that attachment history antecedents were better predictors of depression than attributional style alone. Depressed students reported significant differences in the quality of their relationships with parents and also in the types of discipline and punishment they received. The attachment patterns of depressed students were more conflictual and unstable than nondepressives. The depressed group reported consistent use of threats and punishment as a means of parental discipline. The nondepressed students experienced the more "socially appropriate" types of discipline such as spanking, restrictions, and loss of privileges. Contrary to expectations there were no group differences in the overall availability or quality of peer support networks. The results partially supported the learned helplessness theory in as much as depressed students did form global attributions for bad outcomes but did not demonstrate the "depressive attributional style" as the theory predicts. Depressed students formed external, unstable, and specific attributions for good outcomes, however. (Author)

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Quality of Affectional Bonding, Learned Helplessness, and Clinical Depression

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ABSTRACT

John Bowlby's theory of affectional bonding and the reformulated learned helplessness theory of depression were integrated into a multivariate model in order to expand the breadth of current attributional theories of depression. This retrospective study focused upon the quality of parent-child relations, the types of discipline parents employed, and the quality of peer affectional systems in relation to attributional style and depression. The sample consisted of 132 undergraduate students who completed the Beck Depression Inventory (BDI), the Attributional Style Questionnaire (ASQ), and the Attachment History Questionnaire (AHQ). The results indicated that attachment history antecedents were better predictors of depression than attributional style alone. Depressed students reported significant differences in the quality of their relationships with parents and also in the types of discipline and punishment they received. The attachment patterns of depressed students were more conflictual and unstable than nondepressives. The depressed group reported consistent use of threats and punishment as a means of parental discipline. The nondepressed students experienced the more "socially appropriate" types of discipline such as spanking, restrictions, and loss of privileges. Contrary to expectations there were no group differences in the overall availability or quality of peer support networks. The results partially supported the learned helplessness theory in as much as depressed students did form global attributions for bad outcomes but did not demonstrate the "depressive attributional style" as the theory predicts. Depressed students formed external, unstable, and specific attributions for good outcomes, however. Conclusions and implications are discussed in terms of the need to expand cognitive models of affective disorders.

INTRODUCTION

According to the reformulated learned helplessness theory (Abramson, Seligman, & Teasdale, 1978), the types of mental explanations or causal attributions people make for the failures or disappointments they experience influence their vulnerability to depression. More specifically, those persons who tend to form internal ("I am at fault"), stable ("this problem will always be with me"), and global ("this problem will affect my whole life") attributions will be more susceptible to helplessness and depression than those who form external, unstable, and specific attributions for failure situations. For example, the person who attributes a lack of control or failures in life to internal factors (e.g., "I am stupid") most certainly suffers lowered self-esteem and motivation while the person who makes external attributions (e.g., "It was just bad luck") would not be as disappointed or affected so strongly. Similarly, stable attributions reflect the expectation that problems will persist over time while unstable explanations are more short-lived and temporary. The third attributional dimension represents global versus specific and refers to thoughts or attributions which affect several areas of the persons life (global) or the more situation-specific ones. Thus, failures in one area of life can be viewed as disrupting all areas of functioning or just a unique area.

Recently, Seligman, Abramson, Semmel, & von Bayer (1979) suggested that persons who form external, unstable, and specific attributions for <u>good</u> outcomes might also be predisposed to depression. In other words, individuals who fail to take credit for their accomplishments and hard work and who believe that their successes are based solely upon luck or chance, would be expected to suffer

self-esteem deficits, experience a lack of motivation and energy, and therefore be vulnerable to helplessness as well.

Clinically, depressed clients not only blame themselves for failure, they usually do not acknowledge any strengths either. When depression is pervasive, most things in life lose meaning. When accomplishments are noted by others, the client often says "anyone could have done that". This supports Seligman's rationale for a link between depression and external attributions for good outcomes in life.

Although learned helplessness theory provides the clinician with a practical model of some types of depressive disorders, the theory fails to spell out specific childhood antecedants of helplessness. While Seligman acknowledges the importance of childhood events and their influence upon helplessness, such traumas are viewed primarily along a controllability/uncontrollability dimension. The theory predicts that helpless adults experienced a relative lack of mastery and sense of control over their world in their early childhood. As the child came to expect that there were no contingencies between behaviors or actions and rewards, the desire to work for those reinforcements was quickly extinguished. Such an unresponsive and mostly uncontrollable childhood environment would then predispose that child towards helplessness (Seligman, 1975). From learning theory, it follows that the next time the child confronted a similar situation, expectations of success would be squelched. Over time, resignation would replace motivation. Dysphoric mood is viewed as an outcome of this type of negativistic thinking.

Melges & Bowlby (1969) and Bowlby (1973) believe that goals and plans of action are influenced by (1) the degree to which skill or chance is believed to influence outcomes, (which is consistent with Seligman) (2) how much other persons

are thought to be reliable and trustworthy, and (3) how far in the future an event is expected to occur (a major factor in instrumental learning as well). For example, if a child continually fails to please his or her parents or fails to meet their expectations, the child will soon feel helpless because he or she soon learns that no matter how much effort is expended, rewards or praise are not forthcoming. Consequently, the child typically gives up and may not attempt to please the parents again.

In an unresponsive environment, the child soon learns to believe that he or she is a failure. It would be predicted that it is these repeated experiences with failure, disappointment, and hopelessness which contribute to a pattern or style of thinking which contributes to symptoms of depression. When learned helplessness prevails, as in the case of institutionalized poverty, the most severe forms of apathy and resignation are apparent (Rabow, Berkman, & Kessler, 1983; Seligman, 1975). On the other hand, individuals who have secure and reliable attachment relationships with parents and peers would be expected to persist in a healthy manner in spite of a hostile or unrewarding situation. Of course, the quality of one's self-concept is influenced, in large measure, by quality caregiving in the first place. From this line of reasoning, it was hypothesized that children who experienced an impoverished attachment relationship with their primary caretaker would tend to form the "depressive attributional style" posited by Seligman et al. (1979).

Attachment Theory

In his treatise on attachment and loss, John Bowlby (1969, 1973, 1980) has demonstrated that the quality of an infant's early experiences with caregivers have

significant effects upon the psychological make-up and personality formation of the developing youngster. Primary bonds which are established within meaningful personal relationships, provide the child with a secure "home base" from which to explore the environment. Bonds also provide the child with a sense of safety and dependability. As the child comes to expect that his or her caregiver (usually but not limited to the mother) will be available to him/her in times of distress or danger, then the child will begin to build expectations that when help is needed in the future, the caregiver will be supportive. Over the years, this type of environment will help the youngster begins to develop a healthy sense of self-sufficiency and confidence. When the person knows he or she can depend upon someone, return home if needed, or enlist the support of a reliable attachment figure, the obstacles of life are more easily conquered. Later in life, the ability to form and maintain meaningful adult attachments is predicated in large measure on the quality of attachments formed in childhood. Since the need for attachment relations are viewed as a life-long process, adult bonds play a central role in adaptation and psychological adjustment to old age (Bowlby, 1980; Kerr-Smith, 1983).

Unlike Freud who believed that a child's attachment to the mother was based primarily upon the child's need for nourishment, Bowlby views attachment as an instinctive behavioral system which not only provides protection for the youngster but also promotes the survival of the species. From ethological evidence and observations of many different groups of animals, it has been shown that remaining in close contact with the mother is a key factor in the survival of newborns because when the young become separated from the larger group they become easy prey

(Bowlby, 1969; Henry & Stephens, 1977). In summarizing the emotional component in attachment, Bowlby (1977) says:

> Many of the most intense emotions arise during the formation, maintenance, disruption, and renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety, actual loss gives rise to sorrow, while both of these situations are likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of security and the renewal of a bond as a source of joy. Because such emotions are usually a reflection of the state of a person's affectional bonds, the psychology and psychopathology of emotion is found to be, in large part, the psychology and psychopathology of affectional bonds (p. 7).

Situations that jeopardize attachment relationships such as loss of a loved one, fears of abandonment, or physical danger elicit vigorous and often tenacious actions to preserve the bond. Perhaps the most striking example of the strength of attachment behavior comes from the studies of mistreated infants. Bowlby (1969) reports that infant monkeys cling persistently to their mothers who have gravely mistreated them. "This paradoxical behavior is, of course, an inevitable result of attachment behaviour's being elicited by anything alarming" (p. 216). The natural response to danger is to re-unite and maintain physical closeness to the primary caretaker. This is why young children will intensify their clinging to mother when she punishes, rebuffs or threatens to abandon them.

When the child is given the opportunity to explore and test the surroundings, first in the presence of the mother and later alone, the child is expected to develop a healthy sense of competency and self-sufficiency (Bowlby, 1977). The "securely attached" youngster will feel more confident to venture away from the immediate proximity of the caregiver during daily activities. On the other hand, the timid and untrusting child tends to cling to the mother and needs considerable reassurance before engaging in exploratory and play behavior. Speaking about the relationship between depressive disorders and childhood experiences, Bowlby (1980) believes that depressives:

> Have had the bitter experience of never having attained a stable and secure relationship with his parents despite having made repeated efforts to do so...or he may have been told repeatedly how unlovable, and/or how inadequate, and/or how incompetent he is. Were he to have had these experiences they would result in his developing a model of himself as unlovable and unwanted, and a model of attachment figures as likely to be unavailable, or rejecting, or punitive. Whenever such a person suffers adversity, therefore, so far from expecting others to be helpful he expects them to be hostile and rejecting (p.247).

Based upon the integration of ideas from learned helplessness and attachment theories, it was hypothesized that the quality of attachment history would be related to a unique cognitive style of thinking about oneself. More specifically, the quality of parent-child relationships, the types of discipline the child experienced, and the quality of the child's peer networks would determine (and correlate with) the individual's particular attributional style. In turn, attachment history and

attributional style were expected to correlate with levels of depression such that a more favorable history would be related to low levels of depression. Those persons who were raised in an environment where their attachment to parents was disrupted or flawed would tend to form internal, stable, and global attributions for their bad experiences. On the other hand, persons raised in an environment of trust and security and who were not subjected to painful separations, and who maintained supportive peer systems would tend to form external, unstable, and specific attributions for failures.

METHOD

Participants

One hundred and fifty-one students from Santa Ana College and California State University, Northridge participated by completing the Beck Depression Inventory (BDI; Beck et al., 1979), the Attributional Style Questionnaire (Peterson et al., 1982), and an Attachment History Questionnaire (AHQ; Kessler & Pottharst, 1983). Because 19 people failed to complete all of the questionnaires, the final sample consisted of 132 of which there were 38 men and 94 women. Students ranged in age from 17-63 years (M= 25.9). Sample characteristics are presented in Table 1. Students were assigned to the depressed group if their BDI score was $\geq$12 and to the nondepressed group if their score was $\leq$5. The mean BDI scores for the nondepressed (N= 60) and depressed (N= 31) groups were 2.1 (sd= 1.6) and 17.0 (sd= 5.9), respectively.

Materials

The Attributional Style Questionnaire is a paper-and-pencil instrument designed to assess internal, stable, and global attributions through a series of 12 hypothetical situations. Students were asked to rate the perceived impact of each situation should they encounter such a episode on 7-point scales. For each situation, an assessment of the internal, stable, and global attributions are attained. Scores for each attributional dimension and an overall or "composite" score are obtained by summing scores within each dimension and dividing by the number of situations. The psychometric properties have been described elsewhere (Peterson, et al., 1982).

Insert Table 1 About Here

The Attachment History Questionnaire is a self-report inventory of past family experiences which was revised for this study and has been shown to have good reliability and discriminant validity (Kessler & Pottharst, 1983). It is comprised of 51 items in a Likert Scale format. The three sections measure parent-child relations (from the child's point of view), the types of discipline the parents employed, and the availability or dependability of peers. A sample of the 25 items from the parent-child section are "how often did your parents threaten to separate or divorce", "when you needed her, how often could you depend upon your mother", etc. Types of discipline were assessed by 18 items such as "how often did

your parents threaten to send you away when you angered them", "how often did your parents yell or shout at you", etc. Finally, peer supports were measured with 16 items of a similar nature.

The Beck Depression Inventory is a self-report measure of mood and was employed because it has been widely used in attributional research and it has been well validated (e.g., Bumberry, Oliver, & McClure, 1978; Metcalfe & Goldman, 1965).

Procedure

On the day the study was conducted, students completed the pre-sorted packets (to control for ordering effects) containing the instruments at their own pace. The instructions for each instrument were contained within the packet. For the ASQ and the BDI, the standard instructions of Peterson et al (1982) and Beck et al. (1979) were followed. For the AHQ, students were asked to respond to the questions as they pertained to that time period when they were living with parents/guardians from infancy up through high school.

RESULTS

Overall, the results supported the hypothesis that the perceived quality of an individual's attachment history and attributional style are strong predictors of depression. However, attachment history was a more reliable predictor of depression than attributional style. While attributional style was related to level of de-

pression, early attachment history did not predict current attributional style as had been hypothesized.

In order to rule out the confounding effects of the student's age, year in college, and sex, an overall multivariate analysis of variance (MANOVA) was computed with depression as the grouping factor. By various criteria (Phillai's, Hotellings, Wilk's, and Roy's), the result was nonsignificant (Fs< 1). Consequently, these variables were not included as covariates in any of the following analyses.

Attributions and Depression

Attributional style scores for men and women (Table 2) were pooled within each group because the MANOVA (using an unweighted means regression solution; Keppel, 1973) indicated no differences, F< 1. An examination of the simple Pearson correlations between attribution and BDI scores were also not significant (Table 3).

Insert Table 2 About Here

However, an examination of attribution scores between groups (Table 4) indicated that depressives made significantly more global attributions for bad outcomes $F(1,89)= 4.66$, $p<.05$. The internal and stable dimensions were not significant. As predicted, depressives attributed good outcomes to external, $F(1,89)= 6.58$, $p<.01$, unstable $F(1,89)= 4.39$, $p<.05$ and (marginally significant) specific causes,

$F(1,89)=2.82$, $p<.09$. While the global-specific dimension for good outcomes did not reach significance, the overall style was reflected in the composite score. The composite score, which is a combination of all three dimensions, and which has better reliability (Peterson et al., 1982), was significant, $F(1,89)= 6.72$, $p<.01$.

While these findings do not support the hypothesis that depressed persons blame themselves for failures or misfortunes, the data does indicate that depressed students do not take credit for their accomplishments to the extent that non-depressed persons do. Results also indicate that depressives tend to generalize bad outcomes to many areas of their life. These results appear to only partially support the reformulated theory.

Insert Tables 3 and 4 About Here

Attachment History and Depression

Taken collectively, the results demonstrated that as the quality of a student's attachment history was more favorable or positive, the levels or severity of depression declined. For good hypothetical outcomes, both attributional style and attachment history predicted depression, $R= .43$, $F(2,129)= 14.51$, $p< .001$. A multiple regression and path analysis (Figure 1) indicated that both of the standardized path coefficients were significant but attachment history accounted for more variance in depression scores than attributional style. The path

coefficient for AHQ to attributional style was not significant, beta= .12, $F(1,130)$= 2.03, $p< .15$.

Insert Figure 1 About Here

When a similar MRC and path analysis was computed for AHQ scores and composite attribution scores for bad hypothetical outcomes, only the quality of attachment relationships was negatively correlated with levels of depression (Figure 2) even though the overall correlation was highly significant, $R= .38$, $F(2,129)= 10.54$, $p< .001$. Both analyses indicated that the quality of one's attachment history is consistently more reliable than attributional style in the prediction of depression. Contrary to expectations however, a canonical analysis indicated that there was no relationship between attachment history items and attributional style.

Insert Figure 2 About Here

From Table 5 it can be seen that the two groups of students reported significant differences in the quality of their parent-child relations $F(1,89)= 18.97$, $p<.001$ and severity of discipline employed by parents $F(1,89)= 6.71$, $p <.01$. Total AHQ

scores were also significantly different for the two groups, $F(1,89) = 18.83$, $p < .001$. A closer examination of the individual items within each section of the AHQ demonstrates the relative quality of experiences between the two groups of students. All but seven of the 25 items which measured the quality of parent-child relations were significantly different (Table 6). The depressed group not only experienced poorer relations with parents but they also received the more severe forms of discipline when compared to the nondepressed students (Table 7). Contrary to expectations, the groups did not demonstrate an overall difference in the quality of their peer supports, $F(1,89) = 2.79$, ns (Table 8).

Insert Tables 5,6,7, & 8 about here

DISCUSSION

Overall, the results of the present study supported the hypothesis that the perception of the quality of one's attachment history and attributional style are correlated with depression in adults. The integrative model which combined the factors of attachment relations and attributional styles was a better predictor of depression than either factor alone. Results suggest that the current cognitive models of depression may be limited in their ability to identify depressed persons from attributional patterns alone. Children who are raised in homes where the

parents argue a great deal, threaten to send the child away, and make the child feel ashamed or unwanted are much more vulnerable to depression than children who are raised in nurturing and secure homes. A discriminant analysis of the items on the Attachment History Questionnaire (Kessler & Pottharst, 1983) has demonstrated that the child's fears of abandonment and the degree to which the mother (and to a slightly lesser degree the father) could be of help/support were among the most powerful predictors of depression in young adults. Parents who use threats to call the police to remove the child from the home, use physical abuse, or who place their children in a position of feeling unduly responsible for the parent's unhappiness contribute to the child's vulnerability.

In this sample of college students, it was surprising that the two groups reported that peers were (overall) equally available and supportive. One explanation for this finding is that in this sample of high functioning college students, it is entirely possible that current peer supports and important affiliations have contributed a great deal to success in college. Conversely, students who do not have appropriate peer supports may find it much more difficult to persist in college. Attachment theory would predict that without peer support networks, a person is vulnerable to the everyday stressors and problems of life. Academic pressure should be more easily conquered when the emotional support of others is readily available. Since this study did not include students who dropped out early in the semester, it is likely that only the more persistent and (perhaps) confident students were examined here.

One program which was designed to reduce anxiety and anonyminity at California State University, Northridge (CSUN) supports this view. Upon entering CSUN,

Freshmen were allowed to schedule three general education classes into special "clusters". Those in the cluster program were assigned to a group of 35 other students and a faculty member (coordinator) for the entire semester. In this way, entering students who might not have friends on campus would be able to associate with the cluster group on a regular basis and avoid the acute feelings of loneliness and isolation. A subsequent evaluation of the program (Dukes & Gaither, Note 1) indicated that compared to non-cluster students, the cluster group registered significantly higher persistence rates (less drop-outs) in their first two semesters than all other entering Freshman. They also viewed CSUN as a friendlier campus, and reported that they entered the cluster program for social rather than academic reasons. It follows that programs which are designed to foster attachments with peers and reduce social isolation may serve to moderate feelings of helplessness, depression, and suicidal risk (Slater & Depue, 1981) in the college population.

Methodological Issues

An inherent problem with self-report studies is the degree to which perceptions of past events are distorted (cf. Gregory, 1966). One could argue that the depressed student, by nature of their dysphoric mood, might have recalled their past family experiences as more bleak than the nondepressed group. On the other hand, depressed students evaluated three areas of their lives (parent-child, discipline, and peers) at the same point in time, and they were able to discriminate between poor attachment history with parents and the more favorable experiences with peers. Therefore, it could be said that if the students' level of depression influenced past recollections, it did not do so uniformly. For both good and bad memories were reported. Compared to nondepressives, the depressed group reported

that their relations with parents were generally poor but that their peer supports were generally positive and equivalent to the nondepressed group. Therefore, negative memories may not necessarily be more accessible when one is depressed as some authors (e.g., Lloyd & Lishman, 1975; Teasdale & Fogarty, 1979) have suggested. Such a line of reasoning supports Abrahams & Whitlock's (1969) findings where the self-reports of early parent-child relations from depressed inpatients were consistent to the reports obtained 18 months later following recovery.

While attachment history and attributional style were each correlated with levels of depression, it was rather disconcerting to discover that attachment history was unrelated to attributional style. After all, it seemed reasonable to predict that the manner in which we learn to think about ourselves (our self-concept, sense of competency, an so on) comes from early experiences with parents and peers. As Weiner (cited in Hammen & Cochran 1981) has commented, "I suspect that attributional inferences often are quite retrospective, summarize a number of experiences, take place below a level of immediate awareness, and are ultimately tied with self-esteem and self-concept". Indeed, Seligman, Peterson, Kaslow, Tanenbaum, Alloy, & Abramson (1984) have demonstrated a significant correlation between the mother's attributional style for bad outcomes and that of her child's. Also, the mother's attributional style was correlated with her child's depressive symptoms.

One possibility for the apparent lack of relationship between the attachment and attributional dimensions in this study has to do with the argument that the AHQ assessed information from the person's past while the ASQ attempts to measure attributional style in <u>current</u> situations. Perhaps the proposed link between

attachment history and cognitive style would become evident had the nature of the instruments been adjusted to measure all events and perceptions within the same period (past or present) of the person's life. Another view for such a finding is that people may not be able to accurately report attributions on a standardized rating scale at all (cf. Harvey, 1981). Wortman & Dintzer (1978) go even further and question the likelihood that people can form attributions at all. However, results from recent studies (e.g., Peterson et al., 1982; Raps et al., 1982; Seligman et al., 1979;1984) indicates people can report their particular style of thinking and that such a style correlates with mood states such as depression. By way of clarifying their position on the formation of attributions, Peterson, Schwartz, and Seligman (1981) stated that "we believe attributions are hypothetical constructs to which a variety of evidence, including verbal reports, is pertinent, though never equivalent" (p. 258).

Finally, it is believed that an accurate assessment of attributional patterns is dependent upon asking respondents about meaningful situations in their life. The major criticism of the ASQ as an assessment instrument has to do with the nature of the hypothetical situation presented. Some have limited meaning to students and other items are difficult to relate to. Consequently, valuable information may be lost and may account for (at least in part) the modest correlations which are commonly derived between ASQ and depression scores. It would be important to design an instrument which reflects the impact of potentially stressful life events (Hammen & Mayol, 1982) so as to evaluate the way in which depressives respond to their surroundings. Perhaps naturalistic evaluations of attributional style (Hammen

& deMayo, 1982) in everyday environments might elucidate how life threats influence depressive cognitions (Coyne, Aldwin, & Lazarus, 1981).

Summary

The present study investigated the relationship between attachment history, attributional style, and adult depression. Depression was shown to be related to both past family experiences and cognitive attributions. However, attachment history was not predictive of a particular attributional style. Results partially supported the reformulated learned helplessness theory in that depressed college students demonstrated a "depressive attributional style" for good outcomes but not for bad outcomes as the theory predicts. While it was argued that depressive symptoms are a consequence of disrupted attachment bonds and learned helplessness, the correlational nature of this investigation precludes any conclusive explanation of causality. The inclusion of attachment history variables into cognitive models of depression would clearly improve the clinical utility of such models. In the therapeutic setting, both "depressive attributional style" and the effects of childhood experiences must be tempered. A concerted effort on the part of researchers to utilize similar integrative models, multimethod assessment, and prospective techniques will help to identify the precursors of depression and to examine the parameters of depressive states throughout the life-span.

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TABLE 1

General Characteristics of Participants

In the Nondepressed and Depressed Groups

Characteristic	Group ND (N=60)	D (N=31)	Total Sample (N=132)
n	60	31	132
Age (mean)	26.5	26.3	25.9
Year in College:			
Freshman	24	13	56
Sophmore	21	9	42
Junior	9	6	19
Senior	5	3	14
Men	16	12	38
Women	44	19	94
Race:			
American Indian	2	2	4
Black	2	-	2
Caucasian	47	20	98
Asian-American	3	5	10
Latino	5	5	11
Other	1	1	7
Marital Status:[a]			
% Married	35	23	26.5
% Single	60	68	63.6
% Divorced	33	6	7.5

[a] Z-tests on the differences of proportions were computed; there were significantly more divorced students in the ND group, $Z=2.87$, $p<.01$. For % married, $Z=1.18$, ns.

TABLE 2

Attributional Scores for Good and Bad Outcomes Broken Down By Sex of Participants in the Depressed and Nondepressed Groups

Attributional Dimension [a]	Males (N=28)	Females (N=63)	
Bad Outcomes[b]	Mean (SD)	Mean (SD)	F(1,89)
Internal	4.01 (.88)	4.25 (.81)	1.56
Stable	4.11 (.81)	3.80 (.79)	2.94
Global	3.86 (1.14)	3.77 (.98)	< 1
Composite	3.99 (.75)	3.94 (.66)	< 1
Good Outcomes[b]			
Internal	5.41 (.77)	5.33 (.82)	< 1
Stable	5.24 (.83)	5.30 (.76)	< 1
Global	5.07 (.91)	5.33 (.84)	1.81
Composite	5.24 (.72)	5.32 (.64)	< 1

[a] Internal, stable, and global scores were collapsed across affiliative and achievement situations as recommended by Peterson et al., (in press).

[b] Means of 7-point scales; higher scores indicate greater internality, stability, or globality.

TABLE 3

Simple Pearson Product Correlations Between Attributional Style Scores Across Affiliative and Achievement Situations and BDI Scores

Dimension	Group ND (N=60)	D (N=31)
Bad Outcomes		
Internal	-.05	.00
Stable	.02	-.11
Global	-.12	-.27
Composite[a]	-.08	-.17
Good Outcomes		
Internal	-.03	-.24
Stable	-.02	-.20
Global	.20	-.17
Composite[a]	.07	-.30

[a]Composite scores represent the contribution of the internal, stable, and global dimensions and were computed as reported by Peterson et al., (in press).

Note: BDI = Beck Depression Inventory

TABLE 4

Comparison of Mean Attributional Style Scores

Between Groups for Good and Bad Outcomes[a]

Dimension	Group ND (N=60)	D (N=31)	F (1,89)
Bad Outcomes			
Internal	4.18 (.82)	4.15 (.88)	< 1
Stable	3.88 (.78)	3.94 (.86)	< 1
Global	3.63 (1.0)	4.12 (1.0)	4.66*
Composite	3.89 (.65)	4.07 (.75)	1.28
Good Outcomes			
Internal	5.51 (.64)	5.06 (.64)	6.58**
Stable	5.40 (.72)	5.05 (.84)	4.39*
Global	5.35 (.78)	5.03 (.99)	2.82
Composite	5.42 (.54)	5.05 (.81)	6.72**

[a]Affiliative and achievement situations were combined. Figures in parentheses are standard deviations.

*$p < .05$
**$p < .01$

TABLE 5

Means and Standard Deviations of the Parent-Child, Discipline, and Peer Sections of the AHQ

Category	Group ND (N=60)	Group D (N=31)	F(1,89)
Parent-Child	118.38 (23.23)	96.81 (20.65)	18.97**
Discipline	93.35 (15.49)	84.68 (14.41)	6.71*
Peer	62.02 (11.92)	57.94 (9.07)	2.79
Total AHQ	273.75 (37.51)	239.42 (32.08)	18.83**

Note: AHQ = Attachment History Questionnaire.

*$p < .01$
**$p < .001$

TABLE 6

Mean Scores[a] for the Quality of Parent-Child Relations Between Groups as Measured by the Attachment History Questionnaire

Variable N=25	Group ND (N=60)	D (N=31)	$t(89)^b$
Amt. Parents Argue (R)	4.31 (1.7)	2.96 (2.1)	3.17***
Parents threaten to separate/divorce (R)	5.18 (1.8)	4.83 (2.5)	< 1
Parents threaten suicide (R)	1.90 (.30)	1.74 (.44)	2.00*
Parents attempt suicide (R)	1.95 (.22)	1.83 (.37)	1.80*
Child felt responsible for parents (R)	5.16 (1.87)	4.61 (2.38)	1.22
Child felt responsible for parents happiness (R)	4.48 (1.58)	3.38 (1.78)	3.00**
Child afraid of school (R)	5.90 (1.00)	5.64 (1.45)	< 1
Child fails parents expectations (R)	4.36 (1.84)	3.77 (1.72)	1.49
Child afraid to leave parents (R)	6.53 (1.01)	4.96 (2.25)	4.56***
Amt. love from mother	5.78 (1.67)	4.51 (2.28)	3.01**
Amt. love from father	5.05 (2.01)	3.90 (2.12)	2.53**
Child felt unwanted (R)	5.90 (1.80)	4.93 (1.83)	2.41**
Child felt alone (R)	4.68 (1.69)	3.00 (1.93)	4.28***
Child felt helpless (R)	4.78 (1.74)	3.93 (1.96)	2.11*
Parents are proud of child	5.16 (1.32)	4.06 (1.73)	3.39***
Parents are proud of child's school work	4.77 (1.58)	4.19 (2.00)	1.36
Child felt shame/guilt (R)	5.12 (1.50)	4.32 (1.77)	2.24**
Child trusted parents	5.63 (1.87)	4.37 (2.20)	2.93**
Parents embarrass child (R)	5.13 (1.90)	4.39 (1.91)	1.77*
Mother was of help	5.46 (2.21)	4.00 (2.58)	2.75**
Father was of help	4.25 (2.60)	3.77 (2.50)	< 1
Dependable mother	5.67 (2.00)	4.87 (2.02)	1.79*
Dependable father	5.00 (2.32)	4.13 (2.20)	1.72*
Time spent with mother	5.29 (1.79)	3.90 (2.36)	3.11***
Time spent with father	4.18 (2.38)	3.39 (2.40)	1.48

[a]Means of 7-point scales. Higher scores indicate "favorable" outcomes unless item is scored in reverse.

[b]Degrees of freedom vary slightly (86-89) because of pairwise deletion of missing data.

Note: "R" indicates item is scored in reverse. Figures in brackets are standard deviations.

*$p < .05$ (one-tailed)
**$p < .01$ (one-tailed)
***$p < .001$ (one tailed)

TABLE 7

Mean Scores[a] for the Types of Discipline Students Experienced as Measured by the Attachment History Questionnaire

Variable N=17	Group ND (N=60)	D (N=31)	$t(89)^b$
Parents call police (R)	6.65 (.89)	6.13 (1.36)	2.05*
Parents threaten to leave child (R)	6.66 (.70)	6.03 (1.38)	2.91**
Parents threaten to send child away (R)	6.75 (.77)	6.22 (1.45)	2.25**
Child is sent away (R)	6.78 (.66)	6.16 (1.55)	2.67**
Parents threaten to leave family (R)	6.50 (1.15)	6.00 (1.54)	1.79*
Hitting or spanking (R)	4.93 (1.59)	4.53 (2.08)	1.01
Child sent to room (R)	4.41 (1.85)	4.38 (1.99)	< 1
Parents yell/shout (R)	4.58 (2.00)	3.22 (1.62)	3.26***
Parents refuse to talk to child (R)	5.63 (1.61)	4.80 (2.15)	2.06*
Child cannot see any friends (R)	4.88 (1.81)	4.61 (1.82)	< 1
Cannot use phone (R)	5.11 (1.92)	5.03 (1.97)	< 1
Spanking (R)	4.10 (1.83)	4.25 (1.86)	< 1
Physical abuse (R)	5.88 (1.75)	4.93 (2.01)	2.32**
Restrictions (R)	4.28 (1.97)	4.12 (2.06)	< 1
Parents take things away (R)	5.86 (1.61)	5.16 (1.82)	1.89*
Parents show no love (R)	5.85 (1.80)	4.90 (2.16)	2.21**
Parents act hurt (R)	4.45 (1.79)	3.96 (1.88)	1.19

[a]Means of 7-point scales. Higher scores indicate "favorable" outcomes unless item is scored in reverse.

[b]Degrees of freedom vary slightly (86-89) because of pairwise deletion of missing data.

Note: "R" indicates item is scored in reverse. Figures in brackets are standard deviations.

*$p < .05$ (one-tailed)
**$p < .01$ (one-tailed)
***$p < .001$ (one tailed)

TABLE 8

Mean Scores[a] for the Quality of the Peer Systems Students Experienced as Measured by the Attachment History Questionnaire

Variable N=14	Group ND (N=60)	D (N=31)	t(89)[b]
No. of close friends	3.66 (2.03)	3.41 (2.30)	< 1
How helpful are your friends	5.51 (1.86)	5.73 (1.55)	< 1
Amt. of support from others	4.25 (1.65)	3.50 (1.59)	2.07*
Time spent with friends	5.00 (1.42)	5.13 (1.47)	< 1
Can depend on friends	5.52 (1.59)	5.10 (1.88)	1.12
Amt. of peer support	5.64 (1.41)	5.20 (1.69)	1.31
Able to form new relationships	4.67 (1.54)	4.80 (1.53)	< 1
Time spent with people who were not close (R)	4.50 (1.24)	4.61 (1.74)	< 1
Time spent alone (R)	4.00 (1.33)	4.61 (1.17)	< 1
Ability to allow others to help	3.54 (1.40)	3.32 (1.40)	< 1
Able to ask for help	3.83 (1.46)	3.29 (1.55)	1.63*
How much child played with imaginary friends (R)	5.47 (1.96)	4.70 (1.98)	1.75*
Fighting with friends is child's fault (R)	3.61 (.91)	4.03 (1.24)	1.83*
Amt. peers liked child's parents	5.28 (1.73)	4.09 (1.75)	3.08***

[a]Means of 7-point scales. Higher scores indicate "favorable" outcomes unless item is scored in reverse.

[b]Degrees of freedom vary slightly (86-89) because of pairwise deletion of missing data.

Note: "R" indicates item is scored in reverse. Figures in brackets are standard deviations.

*$p < .05$ (one-tailed)
**$p < .01$ (one-tailed)
***$p < .001$ (one tailed)

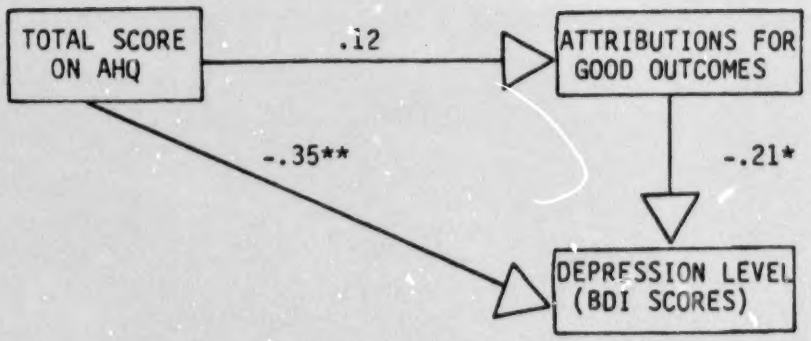

Figure 1. Path Analysis with Standardized Beta Coefficients for the Total Scores on the Attachment History Questionnaire and Composite Attribution Scores For Good Outcomes (N=132).

*$p < .01$
**$p < .001$

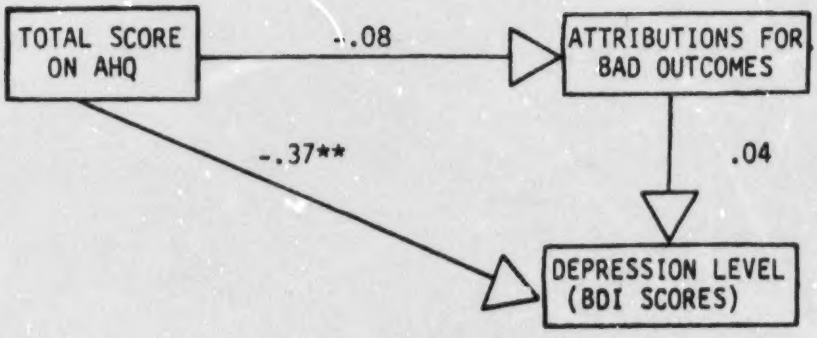

Figure 2. Path Analysis with Standardized Beta Coefficients for the Total Scores on the Attachment History Questionnaire and Composite Attribution Scores For Bad Outcomes (N=132).

**p <.001